

I hereby certify that this paper is being deposited with United States Postal Service as first class mail in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 9, 2007.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Rino Rappuoli et al

Serial No.: 10/822,303

For: THE SEVERE ACUTE RESPIRATORY
SYNDROME CORONAVIRUS

Confirmation No.: 3584

Group Art Unit: 1648

Filed: April 9, 2004

Examiner: Mosher, Mary

AMENDMENT TRANSMITTAL
AND PETITION FOR EXTENSION OF TIME

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply to Restriction Requirement and Preliminary
Amendment filed in response to the Office Action dated October 17, 2006.

 X Applicant **petitions for extension of time** under 37 C.F.R. §1.136(a) for
the total number of months checked below:

<u> </u>	one month	\$ 120.00
<u> </u>	two months	\$ 450.00
<u> </u>	three months	\$1,020.00
<u> </u>	four months	\$1,590.00
<u> X </u>	five months	\$2,160.00

 An extension for months has already been secured and the fee
paid therefore of \$ is deducted from the total fee due for the
total months of extension now requested.

Extension fee due with this request \$2,160.00.

 Applicant believes that no extension of term is required. However, if any
additional extension and/or fee is required, please charge Deposit
Account No. 03-1664. **THIS IS NOT AN AUTHORIZATION TO PAY
THE ISSUE FEE.**

The fee for claims (37 C.F.R. §1.16(b)-(d)) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSL Y PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	28	MINUS	120	= 0	x \$50.00	\$0
INDEP.	3	MINUS	23	= 0	x \$200.00	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$360.00	\$0
Total						<u>\$0.00</u>

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

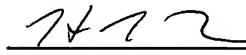
 X No additional fee for claims is required.

 X The Commissioner is hereby authorized to charge the extension of time fee of \$2,160.00 and any additional fees under 37 CFR §§1.16 and 1.17, which may be due in this matter, or to credit any overpayment to Deposit Account No. 03-1664.

 X If any additional fee for claims is required, please charge Deposit Account No. 03-1664. **THIS IS NOT AN AUTHORIZATION TO PAY THE ISSUE FEE.**

Respectfully submitted,

Dated: April 9, 2007

By: 
Helen Lee
Reg. No. 39,270

Customer No. 27476

NOVARTIS VACCINES AND DIAGNOSTICS, INC.
Intellectual Property – R338
P. O. Box 8097
Emeryville, CA 94662-8097
Tel: (510) 923-2192
Fax: (510) 655-3542